

# Child and Family Services

## Update

September 2005

### Office of Child and Family Services Staff

The Office of Child and Family Services is currently staffed by the following 11 people:

**Shirley Ricks** – Director  
**Keisha White** – Administrative Support  
**Janet Lung** – Child/Adolescent Program Manager  
**Will Bronson** – C/A Program Specialist  
**Martha Kurgans** – Substance Abuse Coordinator  
**Mary Ann Discenza** – Part C Coordinator  
**Karen Durst** – Part C Consultant  
**Bonnie Grifa** – Part C Consultant  
**David Mills** – Part C Consultant  
**Beth Tolley** – Part C Consultant  
**Mary Ann White** – Part C Consultant  
**Beverly Crouse** – Part C Consultant

Contact information for all of our staff can be accessed at:  
<http://www.dmhmrssas.virginia.gov/CFS-default.htm>

### Get to Know our New Staff

Will Bronson joined OCFS on July 25 as a Child and Adolescent Program Specialist. Will Reports to Janet Lung and has begun to focus on the needs of children with emotional disturbance in the juvenile justice system and on developing the system of care and evidence based practices. We are pleased to have Will's background in CSA and juvenile justice services as an asset to our child and family team.

Bonnie Grifa joined OCFS as a Monitoring and Improvement Measurement System (MIMS) Consultant for the Part C program. Bonnie reports to Mary Ann Discenza. She previously worked with the Norfolk Infant Program as the Program

Supervisor. Her understanding of the Part C system, program management and program development experience will be a tremendous asset to the Part C office.

### Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

DMAS has developed a process and protocol for providers to apply for reimbursement for substance abuse treatment services for Medicaid eligible youth under EPSDT (Early and Periodic Screening, Diagnosis and Treatment). Brian Campbell, EPSDT Coordinator in DMAS's Maternal and Child Health Unit will be providing regional training on the new EPSDT procedures in October and November.

10/04/05	Virginia Beach
10/07/05	Richmond
10/18/05	Lynchburg
11/02/05	Abingdon
11/17/05	Fairfax

For more information, contact Brian Campbell at (804) 786-0342 or email him at [brian.campbell@dmass.virginia.gov](mailto:brian.campbell@dmass.virginia.gov).

### Office of Child and Family Services Has Been Awarded A New Grant

OCFS received a 3-year Adolescent Substance Abuse Infrastructure grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), effective October 2005, to develop and better coordinate substance abuse treatment for adolescents across the Commonwealth. OCFS will

receive \$396,577 in its first year of funding and \$394,322 in years 2 and 3 respectively.

The grant will fund 3 positions, an interagency collaboration process as well as workforce development efforts to create a system of care and infrastructure across agencies that supports services for youth with a substance use or co-occurring substance use and mental health disorder. The goal of the grant is to create a system that brings together the multiple agencies that serve adolescents in order to better coordinate funding and treatment resources and develop services responsive to the needs of substance abusing youth and their families.

The grant includes funds to train community service board staff regarding best practice treatment models and Evidenced Based Practices. Additional training will be offered to providers in other systems that work with this population e.g. child welfare, juvenile justice, health care, education etc. and a statewide adolescent provider association created.

### **Parent and Family Involvement**

OCFS has participated in the development of a statewide parent coalition. To support this growing effort, DMHMRSAS has provided \$15,000 in one-time Community Mental Health Services Block Grant funds as “seed money” for the new coalition. OCFS also has a contract with PACCT to identify and train family members of children with mental health disorders and related disorders or who are at-risk of developing mental health disorders to serve as parent representatives on state and local planning meetings. These family members shall have children under the age of 18 at the time of training. DMHMRSAS renewed its contract with PACCT on August 1, 2005. As part of this renewal, a decision was made to change the name of PACCT to the Federation of Families of Virginia to gain a stronger connection and name recognition with the federal organization of parents. Over the next couple of months, PACCT will be working to publicize its name change and other exciting new developments to support parents.

### **System of Care Funding Opportunities for Community Services Boards**

Continuing efforts to support and promote the system of care philosophy will be greatly enhanced by the addition of several new demonstration grants.

#### **Mental Health and Juvenile Justice Grants**

Two new demonstration projects have been funded to provide mental health services in juvenile detention centers. These new sites are in Norfolk and Central Virginia. The Norfolk and Central Virginia programs will operate similarly to five other programs funded by the federal Juvenile Accountability Block Grant from the Department of Criminal Justice Services. In each of the sites (listed below), CSBs provide mental health screening, assessment and treatment services to children in seven of the 25 juvenile detention centers in Virginia.

1. Central Virginia CSB
2. Chesapeake CSB
3. Crossroads CSB
4. Norfolk CSB
5. Planning District 1
6. Richmond BHA
7. Valley CSB

#### **System of Care/Evidence-Based Practice Grants**

Two additional demonstration projects will develop their systems of care by providing an evidence-based practice to children at high risk of residential or out-of community care. Nine proposals have been received and evaluated by a review team. Announcement of the selected sites by Commissioner James Reinhard is expected in the next several days. The Office of Child and Family Services extends sincere thanks to each CSB that submitted an application for a demonstration grant and to CSB staff, the VACSB and PACCT for their help and support in the selection process. We are optimistically seeking additional funding opportunities for demonstration grants.

## **Training Manual - Building Systems of Care: A Primer**

– additional copies of this technical assistance manual that was used at the System of Care Conference are being made available through the DMHMRSAS Office of Child and Family Services. Please contact Keisha White at (804) 786-3710 or [Keisha.White@co.dmhmrzas.virginia.gov](mailto:Keisha.White@co.dmhmrzas.virginia.gov) to receive additional copies.

## **Child and Family Behavioral Health Policy and Planning Committee (Item 330F)**

The Child and Family Behavioral Health Policy and Planning Committee has been meeting to review and discuss the recommendations for the report due to the Commissioner and the General Assembly June 30, 2005. The DMHMRSAS sought and received approval for extensions of this report deadline. The report was submitted to the Governor and the General Assembly on September 1, 2005. Several recommendations were contained in the 2004 report, including one that supported the continuation of the Child and Adolescent Special Population Workgroup activities by merging the membership with the group established by Budget Item 330-F of the 2004 Appropriations Act. Since the 330-F Committee held its first meeting in November 2004, it has revitalized the membership, elected officers, developed operational guidelines and changed its name to the Child and Behavioral Health Policy and Planning Committee. It includes members from across the state and from a variety of state agencies and external organizations. Funding recommendations for the 2006-2007 budget include:

Increase family support and involvement in the behavioral health system so that families participate fully and are partners in policy and practice at all levels. (Cost of Recommendation 1: \$500,000.)

Expand the capacity of the child and family behavioral health services system to meet the growing need so that wherever families live, they will receive services, have choice and are fully integrated into community living. (Cost of Recommendation 2: \$1,700,000)

Officially endorse and encourage localities to implement nationally recognized “System of Care Model” developed by Georgetown University National Technical Assistance Center for Children’s Mental Health. (Cost: \$4,000,000 for eight sites and outcome evaluations).

### Policy, Legislative and Administrative Practice Recommendations

**Make Children a High Priority:** The Department of Mental Health, Mental Retardation, and Substance Abuse Services needs to emphasize through policy that children’s behavioral health policies, plans, and services are of the highest priorities.

**Explore flexible use of CSA Funds:** The State Executive Council should authorize and encourage communities to use CSA funds more flexibly and creatively, including developing pilot projects to serve children with behavioral health needs more effectively at the same or lower cost.

**Work Collaboratively with the Department and DJJ for Transitioning Youth:** The DMHMRSAS and DJJ must emphasize the importance of coordinating mental health and service delivery for youth transitioning out of Juvenile Correctional Centers and post-dispositional detention programs.

**Establish Treatment in Secure Facilities:** The DMHMRSAS/ DJJ should conduct a joint feasibility study about establishing emergency mental health placements and psychiatric treatment programs in all existing secure detention facilities.

**Expand Membership on the Child and Family Behavioral Health Policy and Planning Committee:** The State Legislature should add DSS, DOE, VDH, DRS, family organizations, organizations serving youth in the juvenile justice system, and other organizations involved in the provision of children’s

behavioral health services to the list of agencies and entities comprising the membership of the Child and Family Behavioral Health Policy and Planning Committee in the FY 2007-2008 biennium budget language reauthorizing the Committee.

### **Child and Family Advisory Committee**

At the August meeting of the Advisory Committee, the Office of Child and Family Services conducted an orientation session for the members. Orientation manuals were distributed and contained information about the Department, the Office of Child and Family Services, meeting summaries, copies of reports related to children's services, contact information, etc. The committee has developed and approved a vision and mission statement for the committee and a draft purpose statement was disseminated for review and comments. After the orientation session the members heard an update about activities of the OCFS and received a presentation from the Department of Education about special education services. The next meeting of the committee will take place in November.

Agenda for the November meeting will include agency presentations by DMAS on Medicaid covered services, PACCT, Medical Home Plus and other family coalitions, and a review of the 330-F legislative report. At a future meeting the advisory committee expressed interest in hearing about transition for children into adult services.

### **Relinquishment of Custody Workgroup**

The Relinquishment of Custody workgroup has continued to meet in 2005, with the last meeting being on September 1, 2005. Jan McCarthy from the National Technical Assistance for Children's Mental Health Services gave a powerful presentation on what is happening on the national level to address custody relinquishment. Using much of the information she shared, the workgroup is developing recommendations to be submitted to the State Executive Council and the General Assembly regarding legislative needs, policy and code revisions and state and federal initiatives

(Medicaid Waiver and EPSDT) that can be implemented to provide needed behavioral health services to children and their families. A final report with recommendations will be submitted to SEC on or before November 1, 2005.

### **Mental Health Transition Planning**

DMHMRSAS is working with the Department of Juvenile Justice (DJJ) to develop enhanced transition planning for youth being discharged from juvenile correctional centers. DJJ will develop regulations and establish a process and criteria for referring youth for transition planning. Criteria will include needing intensive substance abuse treatment, special education services, behavioral health services or medication treatment for a mental illness.

### **Virginia Summer Institute for Addiction of Addiction Studies**

The 2005 Virginia Summer Institute for Addiction Studies was quite a success - 806 participants attended the weeklong institute devoted to training providers regarding substance abuse treatment and prevention services. One of the themes for VSIAS 2005 was "the Family" and a number of outstanding presentations on adolescent SA as well as children's mental health were offered

Dr. Ira Chasnoff's presentation, "Integrating Systems of Care for Substance Using Pregnant and Parenting Women", was especially well received. More than 100 participants attended the day long presentation and rated it quite high. Dr Chasnoff addressed the epidemiology of substance use in pregnancy, psychosocial issues for the mother and implications for the child, fetal alcohol syndrome (FAS), neonatal consequences of prenatal drug use and its impact on the growing child, and behavioral management of prenatally exposed children. Dr Chasnoff provided OCFS with a CD of articles on this topic which will be distributed to the Women's Services providers at each of the CSBs. VSIAS plans to also post the articles on their website ([www.vsiass.org](http://www.vsiass.org))



Next year's Summer Institute will feature an adolescent track as well as presentations geared at ancillary providers e.g. child welfare, health, education, juvenile justice etc. who work with youth who may use substances. Scholarship support for CSB staff and ancillary providers will be available and will be announced by OCFS in April. Be sure to mark your calendars for next July!

### **Safe Families in Recovery Project**

The SFRP has elected to focus on the identification and coordination of services for substance exposed infants in the coming months. OCFS and the SFRP Executive Team hosted a roundtable discussion on substance exposed infants on August 19<sup>th</sup> and helped organize an interagency team which will attend the National Abandoned Infant Resource Center's conference on *Substance Exposed Newborns: Weaving Together Effective Policy & Practice (October 6-7, 2005)*. Following the conference, OCFS and the SFRP will convene additional meetings to strategize and coordinate efforts.

### **State Budget Process**

The state's budgeting process is underway and will culminate with Governor Warner's announcement of a budget in December. Currently, budget recommendations are being developed that will support systems of care development for children and build funding capacity for community services for children. Specific budget requests will include additional system of care/evidence-based practice demonstration projects and additional mental health/juvenile justice demonstration projects. Funding priorities are being developed in collaboration and consultation with the Virginia Association of Community Services Boards (VACSB).

### **Part C Early Intervention State Performance Plan**

The Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 requires that each State's Part C Lead Agency develop and submit a State Performance Plan (SPP) to the Office of Special Education Programs (OSEP). The State Performance Plan is intended to evaluate the State's effectiveness in implementing the requirements and purposes of Part C of IDEA and describes how the State will improve such implementation over the next 6 years. Each State Lead Agency must then submit an Annual Performance Report to OSEP documenting the State's performance based on the targets established in the State Performance Plan. The State Lead Agency is also required to report annually to the public on the performance of each Part C program located in the State on the targets identified in the State Performance Plan. Wide stakeholder input is required in the development of the State Performance Plan. The State Performance Plan is due December 2, 2005. The first Annual Performance Report will be due in 2007.

### **Legislative Activities**

- September 1 - Joint Commission on Healthcare. This meeting focused on the lack of services for premature babies.
- September 13 – Joint Commission on Healthcare. Commissioner Reinhard will make a presentation on the DMHMRSAS Integrated Strategic Plan and the Report of the 330F Workgroup
- October 25 – Joint Commission on Health care. This meeting will continue the focus on premature babies.